



Volunteer Criminal Background Check Authorization

Please print clearly

Applicant's Name: (i.e. first, middle, last name) _____

Other Names Used: (i.e. aliases, maiden, previous married names) _____

Gender: Female Male

Date of Birth: _____

Driver's License # & State Issued: _____

Social Security Number: _____

List States Where You Have Resided: _____

Have you previously been employed by the State of Montana? Yes No

If yes, at what Department and under what name were you employed: _____

Purpose: Employment Contract Work Tour Volunteer Prison Paw Program
 Internship Vendor Other

If other, please explain: _____

Representing (if applicable): _____
(Name of company/organization you represent.)

To whom it may concern:

I also authorize the Department to conduct a Criminal Records Check and Background Check via law enforcement agencies and/or an investigator, and an Abuse, Neglect or Mistreatment Check through the Department of Public Health and Human Services. I understand that the purpose of this record and background check is for purposes related to the hiring decision for the position that I have applied and/or for purposes related to volunteering with the Department of Corrections.

This authorization shall be valid and effective for the duration of volunteer service with the Department. I understand that I am obligated to report any new criminal charges to the Department's volunteer coordinator.



Have you ever been convicted of a felony? If the answer is yes, please provide the date of the conviction and the jurisdiction in which the conviction occurred.

No Yes Date: _____ Jurisdiction: _____

Have you ever been convicted of Partner Family Member Assault, either Felony or Misdemeanor, or been the subject of an Order of Protection? If the answer is yes, please provide the date of the conviction/order and the jurisdiction in which the conviction/order occurred.

No Yes Date: _____ Jurisdiction: _____

Applicant's Signature: _____ Date: _____